

BUREAU OF LICENSURE  
AND CERTIFICATION  
CARSON CITY, NEVADA

TITLE Administrator 360108 (X6)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN2337ASC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/07/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>QUAIL SURGICAL &amp; PAIN MGMT CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6630 S. MCCARRAN BLVD BLDG C RENO, NV 89509</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 69	<p>Continued From page 1</p> <p>The director of nurses reported the facility used the Association of Operating Room Nurses (AORN) as their standards of practice in the operating room.</p> <p>Review of the Association of Operating Room Nurses (AORN), 2007 Standards, Recommended Practices, and Guidelines revealed that, "anesthesia equipment that comes in contact with mucous membranes should be sterilized or undergo high-level disinfection before use." Laryngoscope blades are categorized as anesthesia equipment that fall into this category.</p> <p>At 9:00AM, an instrument technician was interviewed about the cleaning process of metal laryngoscope blades. After surgical cases, the technician reported she scrubbed the blades with Metrizyme, an enzymatic detergent, and then soaked them in a container of Metrizyme for 20 minutes. After the blades were finished soaking, the technician stated she sprayed the blades off with Cavicide. The technician reported she would let the blades sit for a while and then would rinse them off. After rinsing them off with water, the technician stated she would return them to the anesthesiologists for use on the next patient. The technician reported the facility did not have Cidex OPA or any other type of high level disinfectant. The laryngoscope blades were not being high level disinfected or sterilized between patients.</p> <p>Severity: 2 Scope: 3</p>	A 69	<p>Review Committee physicians, listed all persons affected by change in practice to correct the deficiency. The list includes: All clinical staff (nurses, surgical technologist, sterile processing technicians, radiology technologist, orderlies, and material manager) and all anesthesiologists.</p> <p>C. Measures put in place to ensure deficiency will not occur again include:</p> <ol style="list-style-type: none"> <li>1. in-service of policy changes (policy 7.5 and 8.2) with clinical staff and anesthesiologist present (Attachment 3)</li> <li>2. written notice to anesthesiologists of policy changes prominently posted on all anesthesia machines. (Attachment 4)</li> </ol> <p>D. Monitoring of the corrective action will occur as follows:</p> <ol style="list-style-type: none"> <li>1. Director of Nursing will oversee that revised policy of sterilizing laryngoscope blades is followed.</li> <li>2. Staff will report observed deviance from policy by any physician or fellow staff member.</li> </ol> <p>E. The Surgery Center Administrator will be responsible for monitoring compliance with all corrective actions.</p> <p><i>Daniel Smith</i> Administrator 3/18/08</p>	<p>3/10/08</p> <p>3/11/08</p> <p>3/10/08</p> <p>3/10/08</p>

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

# QUAIL SURGICAL AND PAIN MANAGEMENT CENTER

## POLICY 8.2

## Anesthesia Services

### Anesthesia Safety: Equipment Care and Infection Control

#### Policy Statement

Anesthesia providers should follow the established guidelines for maintaining anesthesia equipment and infection control.

#### Who Should Know This Policy

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Pre-Op Staff  | <input type="checkbox"/> All Employees                 | <input checked="" type="checkbox"/> Director of Nursing |
| <input type="checkbox"/> Post-Op Staff | <input checked="" type="checkbox"/> All Clinical Staff | <input checked="" type="checkbox"/> Medical Director    |
| <input type="checkbox"/> PACU Staff    | <input type="checkbox"/> All Business Office Staff     | <input checked="" type="checkbox"/> Administrator       |
|  | <input type="checkbox"/> Business Office Manager       |   |

#### Procedures

##### I. Equipment Care

- A. Preventive maintenance is performed on all anesthesia machines on a routine basis (i.e. quarterly, tri-annual, etc.). Incidental maintenance is performed continually on an as-needed basis on any anesthesia machine that malfunctions. All machines in use for general anesthesia shall have no less than one annual functional testing by technicians with appropriate training. A written report of the routine preventive maintenance, results of incidental maintenance, and any corrective action received is maintained by the Surgery Center.
- B. Each anesthesia machine is checked on a daily basis by an Anesthesiologist.
- C. All equipment, supplies, and drugs used for the provision of anesthesia are checked on a daily basis by an Anesthesiologist.
- D. Anesthesia apparatus is inspected and tested by the anesthesia provider before each use to ensure proper functioning. If a leak or any defect is observed, the equipment is not used until the fault has been repaired. Each anesthetic gas machine will have a safety system. Each machine will be provided with a gas-scavenging system and a low-pressure oxygen warning system. An ambu bag and mask is provided for each anesthesia cart to use in case the anesthesia machine fails.
- E. Reusable anesthesia equipment in direct contact with the patient is cleaned after each use as outlined below.
- F. Disposable items are discarded after each use.
- G. Only non-flammable anesthetic agents are used for anesthesia.

- H. Check all anesthesia machines:
  - 1. O<sub>2</sub> tanks on machines are to be checked daily, if below 1,000, replace with a new tank.
  - 2. Nitrous oxide tanks are to be checked daily, if below 500, replace with a new tank.
  - 3. Examine rubber tubing and hoses for cracks and wearing.
  - 4. Evacuation tubing is checked each day for cracks and wearing.
  - 5. "Sodasorb" should be changed when 50% blue color.
  - 6. Canisters containing Sevoflurane are to be checked once each month for any discoloration of fluid. If yellow, drain canister and refill with 100 cc Sevoflurane.
- I. Anesthesia carts and machines in each O.R. suite are stocked before and at end of day following the suggested cart inventory located on the cart. Supplies and medications in the carts will be routinely checked for packaging integrity and outdates.
- J. Staff will assist with anesthesia set-up of each O.R. suite for each case (B/P cuff, EKG pads, suction, and turn on monitor and anesthesia machines).
- K. The condition of all electrical equipment in the operating room (including anesthesia equipment) will be inspected on a regular basis, and written record of any required corrective action will be maintained.

## II. Infection Control

- A. The following procedure will be followed to minimize the potential of infection for surgical patients and to prevent the spread of infection from one patient to another, from patient to personnel, and from personnel to personnel.
- B. The Anesthesia equipment includes the following:
  - 1. Disposable
    - a) Breathing circuit
    - b) Bag
    - c) Mask
    - d) Oral & Nasal airway
    - e) Esophageal stethoscope
    - f) Suction catheter
    - g) Endotracheal tube
    - h) Humidifier
    - i) Straight connector
    - i) Needles, syringes and vials after patient use (in sharps container).
  - 2. Reusable
    - a) Laryngoscope blades (**Only sterilized laryngoscope blades will be used for intubation of patients**)
    - b) LMA (Laryngeal mask airway)
- C. **Send LMAs and laryngoscope blades to the core for cleaning and disinfection or sterilization.**
  - a) **Used laryngoscope blades will be sent by the operating room staff to the decontamination room with the dirty instruments.**
  - b) **Laryngoscope blades will be soaked in enzyme solution, scrubbed clean and sterilized. All laryngoscope blades will be sterilized in the Steris after each patient use. The sterilized blades will be stored in the sub-sterile room.**
  - c) Used LMA's are soaked in enzyme solution, scrubbed clean, placed into the washer/disinfector, steri-packed and steamed sterilized. The LMA's are stored in the sub-sterile room.

- D. An anesthesiologist will participate in infection control and continuous quality improvement activities through membership on the Patient Care Committee and the Clinic Review Committee.

### **III. Other Procedures**

- A. Standard precautions are used on all patients.
- B. Ventilator bellows are replaced per contracted Service Representative.
- C. Scavenger gas tubing shall be changed on a routine basis by a contracted Service Representative, or more frequently as needed by Anesthesia.
- D. Reusable blood pressure cuffs shall be wiped with a germicide between each patient.
- E. Operating Room policies regarding apparel and sanitation will be followed.
- F. Anesthesia complications will be subject to peer review and discussed at Clinical Review Committee meetings. This retrospective evaluation of anesthesia care will include a discussion of the cause and prevention of anesthesia complications.
- G. A proactive approach to assuring quality anesthesia care will be achieved through the participation of Anesthesia Department members in the QSPMC Quality Improvement Program (See QSPMC Continuous Quality Improvement Plan). Quality improvement activities will be carried out in a collaborative and multi-disciplinary manner through the Patient Care Committee and the Clinical Review Committee. Screening criteria will be established as a means of identifying anesthesia issues for review.

**The following positions are responsible for the accuracy of the information contained in this document:**

- ☒ Administrator
- ☒ Medical Director
- ☒ Director of Nursing
- ☐ Business Office Manager

**Effective Date: January, 1999**

**Revision Date: July, 2002; June 2005, March 2008**

**REFERENCE: AAAHC Standards, *Anesthesia Services*, Chapter 9, Section C.2-3, K**

# QUAIL SURGICAL AND PAIN MANAGEMENT CENTER

## POLICY 7.5

### Facilities and Environment

## Infection Control (General Policies)

### Policy Statement

Guideline will be followed to reduce the probability of Center personnel transmitting communicable diseases.

### Who Should Know This Policy

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Pre-Op Staff  | <input type="checkbox"/> All Employees                 | <input checked="" type="checkbox"/> Director of Nursing |
| <input type="checkbox"/> Post-Op Staff | <input checked="" type="checkbox"/> All Clinical Staff | <input checked="" type="checkbox"/> Medical Director    |
| <input type="checkbox"/> PACU Staff    | <input type="checkbox"/> All Business Office Staff     | <input type="checkbox"/> Administrator                  |
|  | <input type="checkbox"/> Business Office Manager       | <input type="checkbox"/> Regional Director              |

### Procedures

- I. **Any Center personnel with infections must report this to the Administrator and/or Director of Nursing.**
- II. **All preparation of sterile parenteral and irrigation solutions will be performed utilizing acceptable aseptic technique. Only nurses properly trained are authorized to prepare sterile parenteral or irrigation products. Clinical staff will be familiar with policies regarding multiple-dose vial usage and medication outdate monitoring.**
- III. **Clinical personnel shall wash their hands with soap and water following visits to patient rooms and preparing parenteral medications.**
- IV. **All utensils/instruments shall be cleaned after each usage with a facility-approved agent and sterilized, if applicable.**
- V. **The routine cleaning of the Surgery Center will be performed by the Housekeeping staff, assisted by clinical staff members. The sinks and countertops will be cleaned daily. The floors will be vacuumed daily and shampooed as needed to remove spills and stains.**
- VI. **Medication refrigerator temperatures throughout the Center will be checked and documented by Center personnel. Refrigerator temperature should fall within the 37-42°F range.**

**VII. Employees will report immediately any deviation from policy or procedure to the Administrator or Director of Nursing for follow-up .**

The following positions are responsible for the accuracy of the information contained in this document:

- ☒ Administrator
- ☐ Medical Director
- ☒ Director of Nursing
- ☐ Business Office Manager

**Effective Date: January, 1999**

**Revision Date: July, 2002, March 2008**

**REFERENCE: AAAHC Standards, *Facilities and Environment*, Chapter 8, Section L**



March 10, 2008

Policy & Procedure Review Regarding Laryngoscope Blades  
Inservice Content

- I. Review State survey findings
- II. Discuss differences between cleaning, high-level disinfection and sterilization
- III. Semi-critical items (includes laryngoscope blades) must be at least high-level disinfected.
- IV. Revisions/additions to Policy #8.2
  - A. Used laryngoscope blades will be sent by the operating room staff to the decontamination room with the dirty instruments.
  - B. Laryngoscopes will be soaked in enzyme solution, scrubbed clean and sterilized. All laryngoscope blades will be sterilized in the Steris after each patient use. The sterilized blades will be stored in the sub-sterile room.
  - C. Only sterilized laryngoscope blades will be used for intubation of patients.
- V. Discussion of Policy 8.2
- VI. Reminder to staff to report variances from policies and procedures to supervisors.



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**QUAIL SURGICAL & PAIN MANAGEMENT  
CENTER  
ANESTHESIA MEMO**

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**TO:** ALL ANESTHESIOLOGISTS  
**FROM:** PETER J. KASPRZAK, M.D.  
**SUBJECT:** LARYNGOSCOPES/QSPMC POLICY 8.2  
**DATE:** MARCH 11, 2008  
**CC:** VAL OXHORN, DIRECTOR OF NURSING

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Quail Surgical and Pain Management Center will supply Laryngoscopes for use by all anesthesiologists. In compliance with a recent survey by the State of Nevada, the surgery center's procedure for the disinfection of laryngoscope blades has been changed. All laryngoscope blades will undergo gross decontamination and then sterilization in the Steris unit. Laryngoscope blades that have been sterilized can be found in a Steris tray located on the counter in the sub-sterile room. We prefer that only laryngoscope handles and blades provided by the surgery center be used in the intubation of patients. If you have special handles and blades that you think you may need for a potentially difficult intubation, please inform your circulating nurse as soon as possible prior to the beginning of your case, and they will be processed in a sterile fashion. The staff has been instructed to immediately report any violation of this policy to myself and Val Oxborn D.O.N..

Thank you for your time and consideration in this matter and for the great care you provide our patients.